FOR STATE HEALTH DEPT.

TO DEPUTY ME. EXAMINER. This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the mend "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 73 hours after death.

> VR AISME (5) 5M 1/65

V

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		HUBAS -
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: a STATE b. COUNTY	Residence before admission)
Charles	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURA)	L and give neerest town)
Faulkner	Charlotte Hall	02-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. Shankeste Hall	e. IS RESIDENCE ON A FARM?
	Rt. #1 Box 112	YES NOVE
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Karlis A.	Berts DEATH 3-19-66	19
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER	1 YEAR IF UNDER 24 HRS.
	9-7-1904 61 state of the state	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work dons 10b. KIND OF BUSINESS OR during most of working life, even if ratired) INQUSTRY	11. BIRTHPLACE (State or foreign country) 12, C	ITIZEN OF WHAT
Lumber mill Lumber		Datvia
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.4
Juris B Berts	xwxxxxxxxxx Emma Paeg.	LIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) 579-42-6878	INFORMANT Address Rt	.#1 Box 11
no 19-42-00/0	Wife-Melda A.Berts Charl	otte Hall
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (o).	Maryland	
PART I. DEATH WAS CAUSED BY Injuries Multi-		Interval Between ONSET AND DEATH Immediate
Dut to		
	ning over on him	
gave rise to immediate		
undarlying cause leet. SUE 10		
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY,
III CONTRACTOR OF THE CONTRACT		YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18	
PRIMARY Or CONTRIBUTING Was crushed by CAUSE OF DEATH.	having a bull-dozer turn	over
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC		unty) (State)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUR. Was crushed by Cause of DEATH. 20c. Time of Injury Month, Day, Year 20d. Injury occurred 20e. PLAC factor While Not While 1 Main 2 Main 3-19-669 21 Phys. 3-19-669 22 Phys. 3-19-669	Road Faulkner, Char	les Md
21. I certify that I took charge of the remains described above, held	d an Autopsy 🔲 , Inspection 🚽 , Inquiry 🛫 ,	and In my opinion
	cide , Homicide , Undetermined manner	
1 86	CHIEF MEDICAL EXAMINER	
SIGNATURE COLOR	2 M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
1	DEPUTY MEDICAL EXAMINER XX	3-19-66
EXAMINEN'S James E. Andrews MD Indian	He aderess (Street, city, town, or county)	
23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY		ounty) (State)
Burial 3/23/66 Rock Creek		
The S. H. Hines Co. Washington,	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	PATE TY	

ACRES OF THE PROPERTY OF THE PARTY OF THE PA and the state of t 900000 14 00 which was an early - Control of the Popular The production of the second section of the second In the cases _ car in f Association () STATE SAREYES THE MELED IN STATE OF SALES OF THE SALES OF we fill the first to fall to the contract of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pinsician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They pieze remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. IC HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

USOC3 CENTIL	ICHIL	OF DEATH		00013
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE a, STATE	E (Where deceased lived, If institution b. COUNTY	: Residence before admission)
	RYLANG	Ma	ryland Ch	narles
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RUR	AL and give nearest town)
write RURAL and give nearest town)		Rel	Alton	00-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	nddram)		. ALOUI	1 e. IS RESIDENCE
o. Name or noorline on inclination (it not it inceptal, give street	address)	d, STREET ADDRESS		ON A FARM?
3. NAME OF First Middle		Last	4. DATE Month	Day Year
(Type or print) Menry Cethoni		Dina	OF DEATH March]	1966
E SEV I C COLOR OF PAGE	1 -	Diggs DATE OF BIRTH	014 0 12 2	ER 1 YEAR IF UNDER 24 HRS.
5. SEA 6. COLOR OR RACE 7. MARRIED NEVER MARRI	ED P	. DATE OF BIRTH	9. AGE (In years IF UND last birthday) Months	
Female Negro WIDOWED DIVORC		11/22/18	99 76 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Couring most of working life, even if retired) INDUSTRY	OR	11. BIRTHPLACE (Co	unty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
during most of working lite, even if retired) House wife At He	one	Charles	County . Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID		0.01
(Unkown) Marshall		(Unko	wm 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N	€0. 17.	INFORMANT		7 /74 753
(Yes, no, or unknwn) ((If yes give war or dates of service) Unkown	7.	(m - D)	b- M-3 Gi	l Alton, Md.
		Irs. Blanc	he Tolson-Siste	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).]	L 17.		ONSET AND DEATH
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tale	10 6 66	Cellone	OHOLY AND BUILT
1900				C 24/1
Conditions, if any, which	An)	D Mark	A printer	226
gave rise to immediate	to she for	1 /10 0	1 March Co	
cause (a), stating the DUE TO			-/ *	
underlying cause last. (c)	corr	n		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOTRELAT	ED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT				PERFORMED?
20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJ	IIBA UGGIL	DER (Enter nature of	Injury In Part I or Part II of Item	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT CONTRIBUTING CONTRIBUTING TO DEATH BUT 20b. DESCRIBE HOW INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	ON COURT	MED. (Enter hatara of	mjuly m rate i of role if of item	10.7
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 at work at work		E OF INJURY (Home, fa		county) (State)
Hour a.m. While Not While	factor	y, street, office bldg., et	(c,)	
p.m. 19 at work at work		- /-		
21. I certify that (I) (this hospital) attended the deceased	from 2	61	to	26, that (I) (we) last
saw the degrased wive on 1 - 4 182 4,	and that	death occurred at	M, from the causes and on	the date stated above.
22a. SIGNATURE		1/	22b.	DATE SIGNED
la ff allew	M.D.	ATTENDING PHYS.	FIED. STAFF PHYS.	011-66
22c. PHYSICIAN'S	,)	22d. ADDRESS	/ //	-/
NAME (Type)	11	1 Nal	Illa /ha	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C	CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
_ REMOVAL (Specify)				25 2 2
Burial 3/14/1966 St. Th	10mas	Manor Ce		con Marylan
		0.10.00	A W same and	A STUNATURE
Arehart Funeral Home, IncLa	Plat	a, Md L DATEAK	15 1956 Jacon	ces judge

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61 98 (measil) (rangem) \$ // IB ---Contract - months and second private the private room annual as doublet for the repairs laneral jos , ant, who like a , see .

FOR STA DEPT

PLACE OF DEATH

funeral EXAMINER: This certificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page N æ for your न्यो please executi O DEPUTY MEL director. retained

5M

1/65

a. COUNTY CHARLES MARYLAND Maryland Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b LaPlata Waldorf d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS State hours Physicians Memorial Hospital 3. NAME OF First Middle DATE Last 4. the DECEASED OF DEATH (Type or print) JAMES HAMILTON 2 with 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED MIDOWED DIVORCED White and and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) MOTHER'S MAIDEN NAME Pie Big 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN (Yes, no, of unknown) (If yes also war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: e burial-transit i Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. used as to burial, CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 should be 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While GTOR: Page designated et work at work 21. I certify that I took charge of the remains described above, held an Autopsy inspection Inquiry FUNERAL DIRECTOR: I Health or its design Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER X ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURI DEPUTY MEDICAL EXAMINER EXAMINERS RUSSELL S. FISHER, M.D. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) of o BEGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b 24. ADDRESS VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE b. COUNTY Charles c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES X NO Month Day Year 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Days Hours Mln. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY 19. PERFORMED? YES T NO

(County)

(State)

and In my opinion

22. DATE SIGNED

(State)

3-21-66

TOWN D. BERTHAM SEED STATE OF THE SEED AS A SEED A SEED AS A SEED A SEED AS A SEED A SEED AS A SEED A SEED A SEED AS A SEED Ne Takiferday Whateer, Md AND THE PROPERTY OF THE PERSON AND AND ADDRESS OF THE PERSON OF THE PERS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Danaw.	CERTIFICATE.	OI DECIN		00001
1. PLACE OF DEATH	2.	USUAL RESIDENCE	(Where daceased lived, If insti	tution: Residence before edmission)
a. COUNTY		a. STATE	b. COUNTY	
Charles	MARYLAND	Mary		Charles
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (# c	outsida corporeta limits, write RU	
La Plata		Port Tobac	0.00	08-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	lal, giva streat address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Physicians Memorial Ho	arn.			YES TO NO
J. MAINE OF A	Middle	/ Last— 4	, DATE Month	Dey Year
	ustine H	YDE	OF DEATH 3	19 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. D	ITE OF BIRTH	9. AGE (In years IF i	
Male Cauc WIDOWED	DIVORCED Ju	Ly 8.1915	50 yrs.	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS OR INDUSTRY 1		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Printer Printer	nting C	harles Cou	inty Md	U.S.A.
13. FATHER'S NAME		MOTHER'S MAIDEN NA		0 447 444 4
Louis Metcalf Hydeb		Elizabeth	G. Burch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Se	OCIAL SECURITY NO. 17. INFO		Addrass	
(Yas, no, or unkown) (If yas give were relates of service)	nkown Mns	Laura M. Hy	rdo Pont To	bacco, Md.
18. CAUSE OF DEATH (Enter only one cause par Un	a for (a) (b) and (c))	baura M.II)	de , rore re	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	OFFON AMI	Occlu	1.in.	3 ONSET AND DEATH
HAMEDIATE CAUSE (6)	in include	Coon	ecou	A (1)-11/60
Conditions, if any, which \ (b)				
gava risa to immediate causa				
(a), stating the underlying DUE TO				
cause fast. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINA	L DISEASE CONDITION GIVEN	
				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONT. 20a. ACCIDENT WAS UNDERLYING 20b. DESC. 20a. ACCIDENT WAS UNDERLYING 20b. DESC. 20b. DESC. 20b. THIS CAUSE OF DEATH 20b. DESC.	RIBE HOW INJURY OCCURRED. (E	ntar nature of injury in Pa	art I or Part II of itam 18.)	
	THIN COLUMN TO THE THIN THE THIN THE THE			
ZOc. TIME OF INJURY Month, Day, Year 2Dd. IN While At work 19 at work		Of INJURY (Homa, farm, streat, office bldg., atc.)	20f. (City or town)	(County) (Stata)
21. 1 certify that (I) (this hospital) attended		7 - 15 10	60 10 3 18	shot a short (IV (sup) last
1 2 12 10	/ ^	61	The state of the s	, 19:0, that (I) (we) last
saw the deceased elige on	and that dea	in occurred al	.M, from the causes and	on the date stated above.
228. SIGNATURE	len M.D.	ATTENDING MEL	STAFF	3/20/1966
22c. PHYSICIAN'S NAME (Type) E FDELEN	M.D.	La Plata	Ma	
Burial, CREMATION, 23b. DATE THEREOF Burial 3-23-66	St. Ignatius (Chapel Point	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
		RECH "	8 1966 Miles	
Arehart Funeral Home, Ir	ic. La Plata I	KI DAYE	0 1000	the strage
				0

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TO HOSPITA THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	- S TO PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burish-transit permit. Then please remove deriven papers. Pages 1 and 2 should.	1	1	3
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ISION OF STATISTICAL	MARYLAND STATE D	S, 301 W. PRESTON STREE	LTH IT, BALTIMORE 1, MARYLAND 1) 3000
592	Ttem CERTIFICAT	E OF DEATH	03682
DEATH	11		ceased lived, If Institution: Residence before admissi
Charles	MARYLAND	* STATE Maryland	Charles
TO THE STATE OF TH		and the same of the same of the first and the same of	A ST TA TAN MARINAL - A -Tom Command America

OSOS Item CERTIFICAL	TE OF DEATH	03682
. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived	
a. COUNTY	a. STATE Naryland b. Co	Charles
Charles MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits,	
write RURAL and give nearest lown)		alle to the great state of
La Plata	Morgantown	08-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give streat address)	d. STREET ADDRESS	e. IS RESIDENCE
Physicians Memorial Hosp.		YES NO
NAME OF Middle		ionth Day Yaer
(Type or print) FRANK THOMAS	JONES DEATH	7 22 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In your last birthd)	ey) Months Days Hours Min.
Male Cauc. WIDOWED DIVORCED N	10-5-1880 86854	a. Montas Days Hours Min.
Oa. USUAL OCCUPATION IGINE kind of work 106. KIND OF BUSINESS OR INDUSTR	- frequency	ary) 12. CITIZEN OF WHAT COUNTR
done during most of working life, even it retired)	Chanles County Md	U.S.A.
Farmer 3. Father's Name	Charles County, Md.	1 0.0.K.
William C. Jones	Mary Batiman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	dress
	ames 1. Jones, Box 37	Newburg Md
18. CAUSE OF DEATH [Enter only one cause par light of [a), (b), and (c).]	mice to cones tow It	INTERVAL BETWEEN
10. Caroon or passage femor only one conse bar time of (a), (b), and (c).		
DADTI DEATH WAS CALISED BY	*	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MOUCHO	Treumonia	ONSET AND DEATH
	Trecemonia	ONSET AND DEATH
49/X DUE TO	Trecemonia	QNSET AND DEATH
Conditions. if any, which gave rise to immediate cause	Tremonia	QNSET AND DEATH
Conditions, if any, which gave rise to immediate ceuse (e), stating the underlying	Tremonia	QNSET AND DEATH
Conditions, if any, which gave rise to immediate cause (e), stating the undarlying cause last.		QNSET AND DEATH
Conditions. If any, which geve rise to immediate ceuse (e), stating the underlying cause last.		QNSET AND DEATH
Conditions. If any, which geve rise to immediate ceuse (e), stating the underlying cause last.		GIVEN IN PART 1(a) 1 19. WAS AUTOPS
Conditions. if any, which gave rise to immediate couse (e), stating the undarlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS C	OT RELATED TO THE TERMINAL DISEASE CONDITION	ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
Conditions. If any, which gave rise to immediate ceuse (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIB		QNSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
Conditions. if any, which gave rise to immediate cause (b) DUE TO Conditions. if any, which gave rise to immediate cause (b) DUE TO Cause last. PART II. CYHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DUE TO CAUSE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRI	OT RELATED TO THE TERMINAL DISEASE CONDITION Of the condition of the cond	GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO
Conditions. if any, which gave rise to immediate cause (b) DUE TO Conditions. if any, which gave rise to immediate cause (b) DUE TO Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DUE TO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO AUSE OF PEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION (Enter neture of injury in Part I or Part II of item 18.)	ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
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death		03593 CERTIFICA	TE OF DEATH	00083	
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where a, STATE	deceased lived, If institution: Residence before adm b. COUNTY	iśsion)
nous area		CHARLES MARYLAND	MARYLAND	ST.MARYS V	
ı		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside c	orporate limits, write RURAL and give nearest	town)
ı	_	RURAL - CHARLOTTE HALL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		RLOTTE HALL e. IS RESID	CNOC
ı	1	Home of Grand Daughter	S) d. SIREET ADDRESS	ON A FA	RM?
		NAME DF First Middle	Last 4. DAT		0
	٥.	DECEASED	OF	TH MARCH 23 1966	c
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	WINTO	9. AGE (In years HEUNDER 1 YEAR HE UNDER 2	4 HRS
	MA	J.E NEGRO WIDOWED X DIVORCED	8/12/1876	last birthday) Months Days Hours	Min.
	10a.	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta		
	Guit	FARMER FARMING	MARYLAND	USA	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	- 15	BENJAMIN KEYS	ELIZABETH		
ı	15. (Ye	i, no, or unkown) (If yes give war or dates of service)	· ·	907 WYNKAN RD.	
			ARS.LUCY SPEAKS B	ALTIMORE, MARYLAND	
ı		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETV	ATH
ı		IMMEDIATE CAUSE (a)	an 1- 1511 a	- '	
l		Cenditions, if any, which } DUE TO			
ı		gave rise to immediate			
		cause (a), stating the underlying cause last.			
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTR	LATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORM	OPSY EO?
	FICA			YES N	0 🔲
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in	Part I or Part II of Item 18.)	
			LACE OF INJURY (Home, farm, 2Df.	(City or town) (County) (Sta	ate)
	MEDICAL	Hour a.m. While Not While fa	ctory, street, office bldg., etc.)	(ord of rown) (county) (518	110)
	Ž,	p.m. 19 at work at work	JANUARY 156 t	o_3/23/66_, 19, that (I) (we	3 Jack
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on		o <u>3/23/66</u> , 19, that (I) (we No m the causes and on the date stated a	
ı		22a. SIGNATURE		22b. DATE SIGNED	5016
			ATTENDING MED. DIRECTOR	STAFF 3/23/66	
		220 PHYSICIAN'S NAME (Type)	22d. ADDRESS		
		DEON W.BERUSE M.D.		SVILLE, MARYLAND	_
	23a.	REMOVAL (Specify)		LOCATION (City, town or county) (Stat	(9.
	24	BURIAL 3/26/66 ST. JOSEP	HS CEMETERY	MORGANZA, MARYLAND GISTRAR 25b. REGISTRAR'S SIGNATURE	
	L	Habrelingen_	111000	366 Charles Judge	
		THE RESTAURT OF THE PROPERTY O		distribution of the Annual Ann	



FOR STATE HEALTH DEPT.

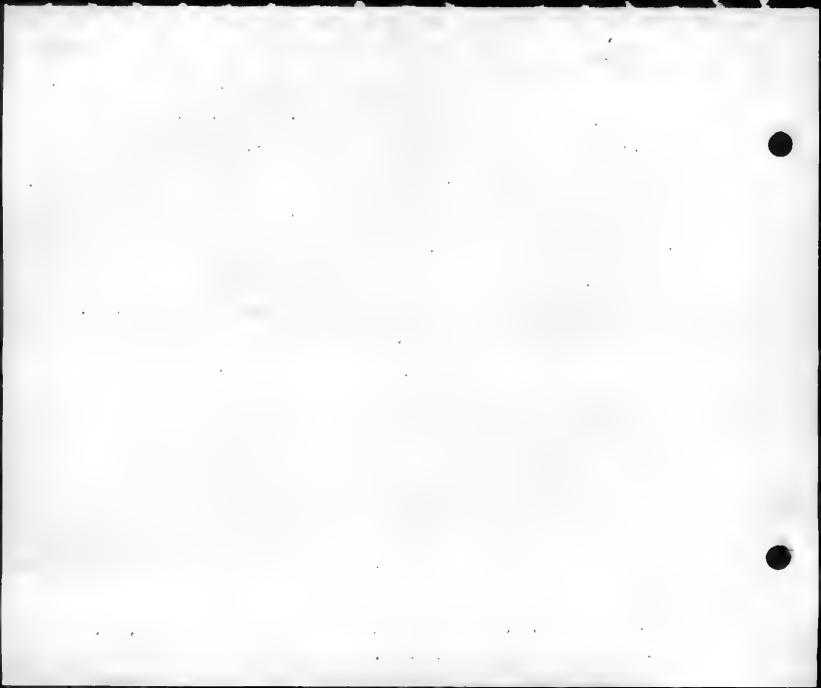
cessary, funeral may be State Department hours after death. Page TO DEPUTY MET EXAMPLE: This certificate should be exempted millin 24 hours after death. If any delay please execut. Le certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pare tained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and of Health or its designated agent, prior to burial, cremation, or removal, and in any event

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03694 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 12084
ī	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
L	2. COUNTY Charles MARYLAND	a. STATE Maryland b. COUNTY Pro George's
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata	c. City OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mt. Rainier, Md.
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Physicians & Surgeons Memorial Mosp't	4013 29, street YES NO M
13	NAME OF First Middle Neil Robison Mc Cally (Type or print)	DEATH FACE CIT 1, 19 00.
0.00	male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH S. AGE (in years FUNDER 1 YEAR IF UNDER 24 HRS S. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS S. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work done libb. Kind of BUSINESS OR luring most of working life, even it retired) INDUSTRY Cetired contractor	11. BIRTHPLACE (State or foreign country) North Dekota 12. CITIZEN OF WHAT COUNTRY? U.S. A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	David G Mc Callum	Delia Brown
		INFORMANT Address
	(Yes, no, or unknown) (If yes pive war or dates of service) (PS 1927 - 1931	lia Mc Callum Mt Rainier, Md.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 '0 F (# / // COR ONSET AND DEATH
ı	PART 1. DEATH WAS CAUSED BY: My o can de	
l	DUE TO BALLOS T	1. 0 (c x) R 1 1
	Conditions, If any, which) (b) // (Constitution of the	Much (Astell Bleeding
ı	gave rise to immediate cause (a), stating the DUE TO	
ı	underlying cause lest. (c)	The same of the sa
TAN LAND	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
1000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIOUS. 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA factor of the contribution of the	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1	Hour m.m. While Not While p.m. 19 at work at work	ory, street, office bidg., etc.}
	21. I certify that I took charge of the remains described above, he	old an Autopsy 🔲 , 🛘 Inspection 🔲 , 🖊 Inquiry 🔲 , 👲 and in my opinion
ı	death resulted from: Natural causes, Accident, Su	icide , Homlcide , Undetermined manner
	60,000,000	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
ı	SIGNATURE COWARD VI Chelen	M.D. ASSISTANT MEDICAL EXAMINER
	Examiner's Edward T Edelen	DEPUTY MEDICAL EXAMINER
-	NAME (Type) 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Address (Street, city, town, or county) Y OR CREMATORY 23d, LOCATION (City, town or county) (State)
ľ	REMOVAL (Specify)	I GR GILLIAM GALL
	Burial Mar. 9, 1966 Ft Lincoln 24. FUNERAL DIRECTOR ADDRESS	Cemetery Colmar Planor Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Md.	DAMAR 10 1966 Cleanles Judge

VR AI 5ME (5) 5M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Whara deceased lived, If institution; Residence before admission) a. COUNTY Charles b. COUNTY the food 2 ceth. Charles MARYLAND b. CITY OR TOWN (if outside corporate I m is, c. LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate I m Is, write RURAL and give nearest fown) write RURAL and give nearest town) Pisgah Pisgah d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month DECEASED OF (Type or print) DEATH 19 66 Margaret Ellen Ann Medlev 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BRITH AGE (In years .F UNDER 1 YEAR .F UNDER 24 HRS last birthday) Cau. WIDOWEDX D. VORCED 12-17-1880 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE County & State, or foreign country) 10b. KIND OF BUS.NESS OR INDUSTRY 1 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic U.S.A. Housework Pisgah. Md. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Joseph W. Lyon Nellie Ann Maddox 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addre 7223 Dangerfield (Yes, ng, or unkown) (Hyesg vewerordetesofservice) Mr. Joseph Medley Clinton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) end (c).] ONSET AND DEATH Coronary Thrombosis with Acute Congestive 20 minutes Heart Failure DUE TO Conditions, if env. which gave rise to immediate cause DUE TO Acute Respiratory Infection (a), stating the underlying ceusa lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(*) 19 WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of In ury in Pert or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa ferm, ' 20f. (City or town) (Stete) factory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 3-28 22a. SIGNATURE 22b. DATE ATTENDING PHYS. MED S GNED ron 4 A Dusten $\square 3 - 29 - 66$ DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Frank A. Susan Indian Head, Md. 23a. BURIAL, CREMATION, 1 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) St. Charles Indian Head, Md Burial 4-1-66 24 FUNERAL DIRECTOR'S SIGNATURE Charel By

ARYLAND STATE DEPARTMENT OF HEALTH

funeral

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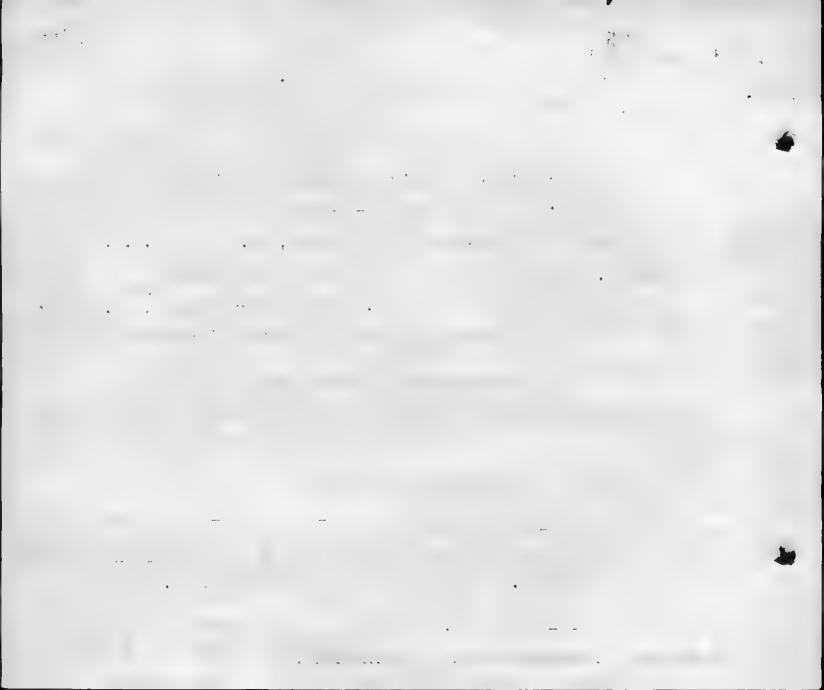
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death. Page 4
TO FUNERAL
director, page 3
be filed with the

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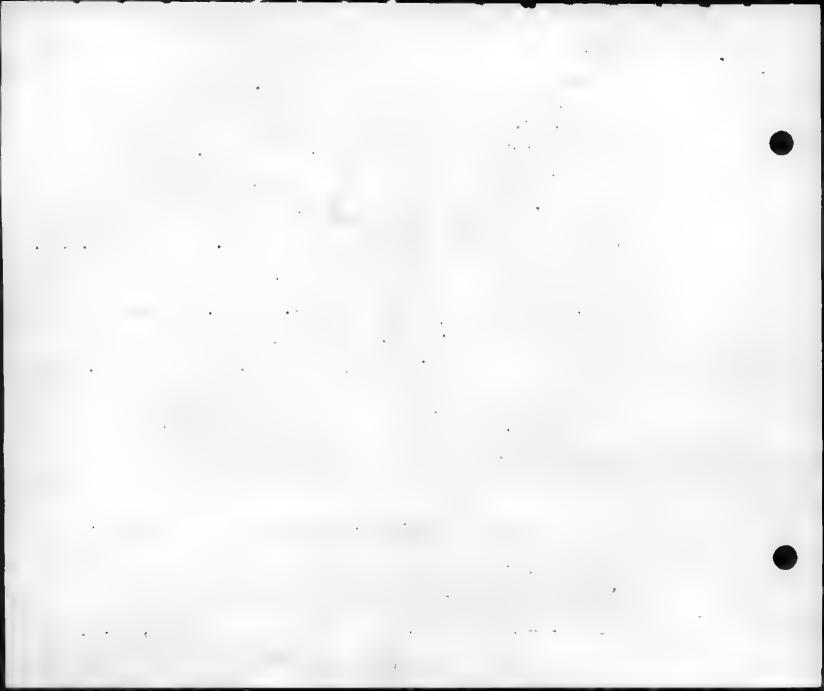
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memutes within 24 hours after seath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and '2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, ā TO NOTITIES OR ATTENDING PRYSPILE. The law requires that the death mertificate Page 4 may be retained by the hospital or attending physician.

a. COUNTY Charles	a. STATEMO. b. COUNTY C	harles
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Waldorf, Md.	WALDORP	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?.
Physicians Memorial Hospital	La Plata, Md.	YES ND
3. NAME DF DECEASED (Type or print) John Cleveland	Last 4. DATE Month DF DEATH 3	Day Year 4 1966
5. SEX Ale 6. COLDR OB RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IFUNDER: last birthday) Months 81 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk Tob. Growers		TIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Montgomery	Sarah Wilkerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) 17-07-9865	Mrs. Mary G. Nontgomery	
18. CAUSE DF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	A.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1666	ONSET AND DEATH
DUE TO	- 600	
Conditions, if any, which \ (b)	the sce-	11-152
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)	X.	
PART II. OTHER SIGNIFICANT COM DITIONS CONTRIBUTING TO DEATH BUT NOT RELA	DED THE TERMINAL DISEASE CONDITION GIVE IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
100 / Colly / 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	"Mexwee 166	YES NO
G DR CUNTRIBUTING CAUSE OF DEATH/	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
3 20c. TIME OF INJURY Month, Day Year 2Dd. INJURY OCCURRED 2De. PLAC	CE DF INJURY (Home, farm, 2Df. (City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Day Year 2Dd. INJURY OCCURRED 2De. PLAC factor 2Dd. INJURY OCCURRED 2De. PLAC factor 2Dd. INJURY OCCURRED 2De. PLAC factor 2Dd. INJURY OCCURRED 2Dd. INJURY OCCURRE	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	-9 48-5 to 246-1967	that (I) (we) last
	death occurred atM, from the causes and on the	Mark
22a. SIGNATURE	22b. B4	ATE SIGNED
(Mcallen M.D.	. ATTENDING DIRECTOR DIRECTOR PHYS. DISTART	4-66
22c. PHYSIGIAN'S NAME (Type) & J. EDELEN	LA PLATA, MI).
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
Burial 3-7-1966 Oakland	Valdorf Md	S SIGNATURE
HOWET ENERDY HOME WALL		
I VIVI VIVERHI I VIVIE, IVITIO	LOKHAWAK I U 1968 Actionle	y Judge

VR AI5 (4) 20M 1/65



FOR STATE

HEALTH

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2, and 3 to PM3. Poge

This certificate should be executed within 24 hours after death 11 states, writing the word "pending" in pencr in Item 18 Give Pages 1, 2 be forwarded to the Chief Medical Examiner's Office going with form

necessory, please "xecute the certificate, writing the word "pending" in penci in the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's

LAL EXAMINER:

TO DEPUTY

DEPT:

pages lond 2 with the State Department of in any event within 72 hours after death

o burial-transit perm t. File

U FUNEKAL DIRECTOR: Page 3 should be used as a burial-transit perm t. File Health or its designated agent, prior to burial, cremation, or removal, and

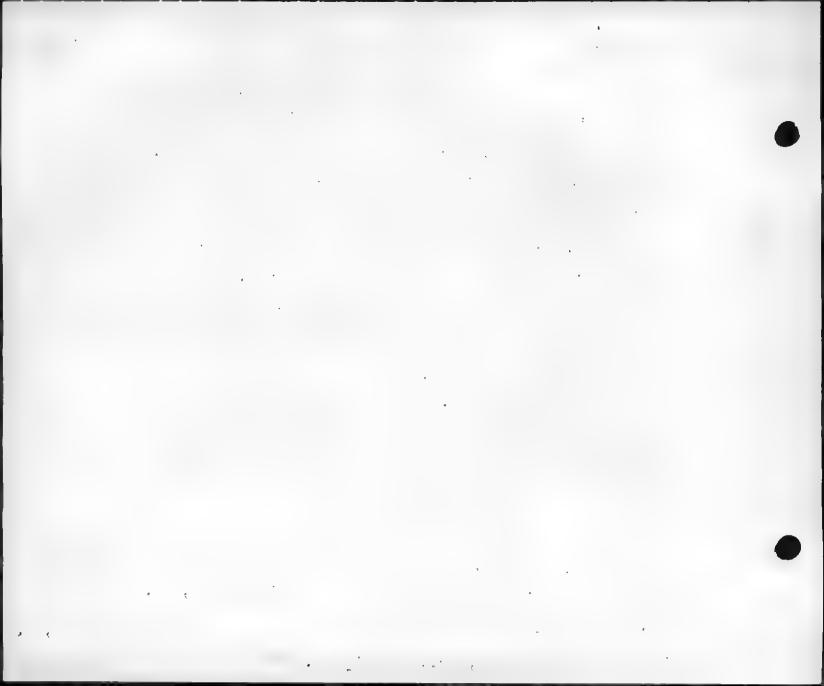
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03697	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	Di	3587
 	PLACE OF DEATH COUNTY Charles	MARYLAND	o. STATE Maryla:		les	
I	b (TY OR TOWN (If outside corporate limits, , right RURAL and give pearest town) naian Head Md	c. LENGTH OF STAY IN 16	Indian	tside corporote mits, write RJ Head Md	RAL and give nearest	fown)
Γ	d NAME OF HOSPITAL OR INSTITUTION (If not in 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		d. STREET ADDRESS	n Head Ave.		ON A FARM? TES NO X
3	NAME OF DECEASED (Type or print) LALABER R	obert Howard	Murdock	OF 3-22-6	b6 Doy	Year 19
	יח זה דודמ	MARRIED XX NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 4-6-1886	9 AGE (In years lost birthday) 79 vrs.	Months Doys	IF UNDER 24 HRS Hours Min
	o US_AL OCCUPATION (G ve kind of work done	Propellant 7Pla	ant Nanje	or foreign country) moy Md	12 CIT ZEN OF COLNTRY? USA	TAHW
13	Robert A.Murdock		14. MOTHER'S MAIDEN Jane	Henderson		
15 (Y	WAS DECEASED EVER IN J.S. ARMED FORCES? es, no. or unknown) (1 yes give wor or dotes of services) None	16 SOCIAL SECURITY NO 17 218034-6402 I	Margeret G	aughter Addr ray-Indian l		
	18. CAUSE OF DEATH (Enter only one couse per part I DEATH WAS CAUSED BY. ***IMMEDIATE CAUSE (a)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	trition			RVAL BETWEEN ET AND DEATH YYS
	Conditions, if ony, which gove (b)	Metastatic Ca	arcinoma G	eneral	2-	Yrs
	stoting the underlying couse (c) _	Carcinoma of	the Prost	ate		Yrs
ATION	PART I OTHER SIGNIF CANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE COM	IDITION GIVEN IN PART 1(0)	1	WAS AUTOPSY PERFORMED? S NO TX
CERT, FICATION	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of item 18)		
MED CAL	20c TIME OF INJURY Month, Doy, Year Hour a.m. 19		ACE OF INJURY (Home, form ctory, street, office bldg , etc.)		(County)	(Stote)
	21. I certify that I taak charge of death resulted from: Natural ca			4 4 4 1	and Name	и ту ор п о
	ACTUAL TO SPE	dses [X], Accident [], 301	CHIEF MEDICAL			2. DATE SIGNED
	NAME (Type) James E. Andi	rews MD	DEPLITY MEDICA	LEXAMINER DE COURTY) Md.	3-23	-66
١.	O BURIAL PREMATION, 23b DATE THEREOF			23d. LOCATION (City or To	own) (County)	
	Burial 3-25-66	6 Old Durham		-	EGISTRÅR 5 SIGNATURE	
1	rehart Funeral Hor	re.Inc. La Plat	a Md DAMA	28 1968 /	Charles J.	udge.

VR A15ME (5) 6M 1/66

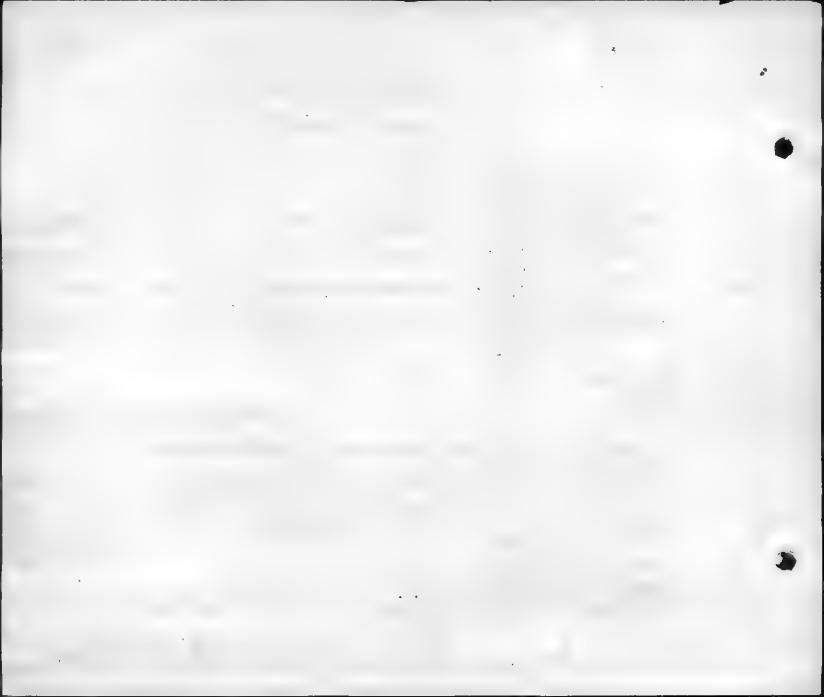
5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER 2. USUAL RESIDENCE (Whore decessed lived, If Institution: Residence before admission) 1. PLACE OF DEATH * COUNTY within 24 hours after death. If any delay is necessary, 8. Give Pages 1, 2, and 3 to the funeral director. Page form PM3, Page 5 may be retained for your files. It. File pages 1 and 2 with the State Department of in any event within 72 hours after death. .. STATE Maryland b. COUNTY Charles CHARLES MARYLAND b. CITY OR TOWN lif pulsade comprate limits c. LENGTH OF STAY IN 1h e. City OR TOWN Ill outside corporate limits, write RURAL and give necresi town) write RURAL and give negret lown) Hughesville HUGHESVILLE d. NAME OF HOSPITAL OR INSTITUTION lif not in hospital, give street address) d. STREET ADDRESS A IS RESIDENCE ON A FARM? YES NO TO 3 MAME OF Middle Last 4. DATE Month Dav Yeer may be retail 2 with the St hin 72 hours DECEASED OF (Type or print) DEATH 14 ELTZABETH PLATER 19 66 THET 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years I JF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED Colored VIS. Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (Stote or foreign sountry) dono during most of working life, even if retired) Mary's Co. 1. A House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address writing the word "pending" in pencil in them 18.

9 Chief Medical Examiner's Office along with for Page 3 should be used as a burial-transit permit it, prior to burial, cremation, or removal, and in IYes, no, or unitown) I (Ifvestivoworordatosofservica) 18. CAUSE OF DEATH [Enter only one sause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART & DEATH WAS CAUSED BY: Cirrhosis of liver IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which used as a bu gave rise to Immediate cause **DUE TO** (a), stating the underlying be used rial, crem (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? X NO T 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. ICAL - williams, will do to the Chief MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. |City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While Hour e.m. et work of work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion MEDICAL designated Suicide Undetermined manner death resulted from. Natural causes Homicide CHIEF MEDICAL EXAMINER TX ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED execute SIGNATURE DEPUTY 3-14-66 DEPUTY MEDICAL EXAMINER 6 EXAMINER'S FISHER, M.D. NAME (Type) Address (Street, city, town, or county) Please 4 should Health 22a. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d_ LOCATION (City, lown, or county REMOVAL (Specify) VR AISME



VR A15 (4) 15M 9/60

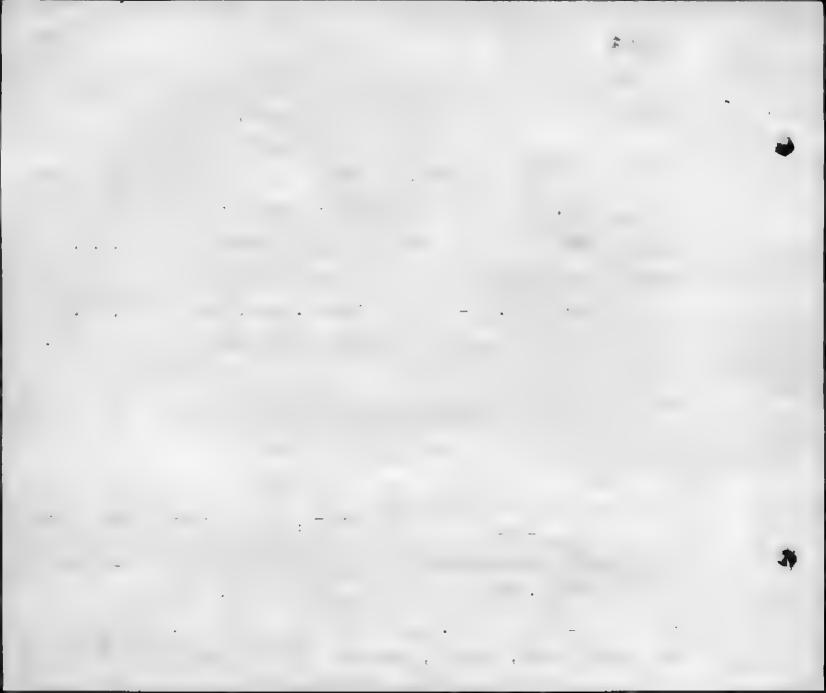
MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TO THE OF DEATH 03893

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased I ved, If Institution: Residence before admission
Charles	* STATE Maryland b. COUNTY Charles
b. C TY OR TOWN (if ouls de corporate limits, c. LENGTH OF STAY N Ib write RURAL and give neerest town)	c CITY OR TOWN (foutside corporate limits, write RURAL and give nearest town)
Indian Head	Indian Head, Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS I IS RESIDENCE
,	Rt 1 Box 183
3. NAME OF Frst Middle	Last 4, DATE Month Dey Yeer
(Type or pr nt) Jesse James	Raby DEATH March 28, 1966
5 SEX 6. CO. OR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS.
11.3	une 17, 1893 (72 yrs. Days Hours M'n.
10a. JSUAL OCCJPATION (Give kind of work 10b KIND OF BUSINESS OR IND JSTE done during most of working life, even if refired)	11. BRTHPLACE County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY
Self Employed Real Estate	North Carolina U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Albert Raby	Clarissa Byrd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. [Yas, ng, or unkown], (Ifyes give war or detex of service)	INFORMANT Address Rt 1 Box 183
	ubert J. Raby, Indian Head, Md.
The CAUSE OF DEATH (Enter on y one cause per time for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	ONSET AND DEATH
IMMEDIATE CAJSE (a) Metastatic Care	inoma of the lungs 6 mos
165 X DUE TO	
Conditions, if any, which (b)	<u>, </u>
geve rise to immediate causa	
(a), stering the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY
PART I OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
[3]	YES NO K
206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury 'n Pert I or Part II of Hem 18.)
	ACT OF INTERNAL TO A CONTROL OF THE STATE OF
	ACE OF INJURY [Home, farm, 120f. (City or town) (County) (Stata) tory, street, office bldg., etc.)
p.m. 19 at work et work	
21 I cartify that (I) (this hospital) attended the deceased from	1-15- 1965, to 3-28- 19.66 that (I) (98) lar
can the deceared alive on 3-25-	1-15 12 1965 , to $3-28$ 1966 that (I) 190 last death occurred at 196 1
22a. SIGNATURE	22b. DATE
F 4 10.	ATTENDING MED STAFF SIGNE
	A.D. PHYS. DIRECTOR PHYS. 3-28-66
22c, PHYS CIAN'S NAME (Type) THE ARTER A CITIC ART	22d. ADDRESS
NAME (1990) FRANK A. SUSAN	Indian Head, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (Stelle)
Burial 3-30-66 Mt. Rest C	emetery La Plata, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE
Huntt Funeral Home, Waldorf, Mary	
I man o runcial nome, walnoll, wary	Tand Date 1 1 1330



FOR STATE HEALTH DEPT.

TO DEPUTY COLOR. EXAMINER. This certificate should be executed within 24 hours after dentit. If a pay is necessary, please execute file certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the unneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fines. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any meet, within 72 hours after death.

VS. A15ME 5M 9'60

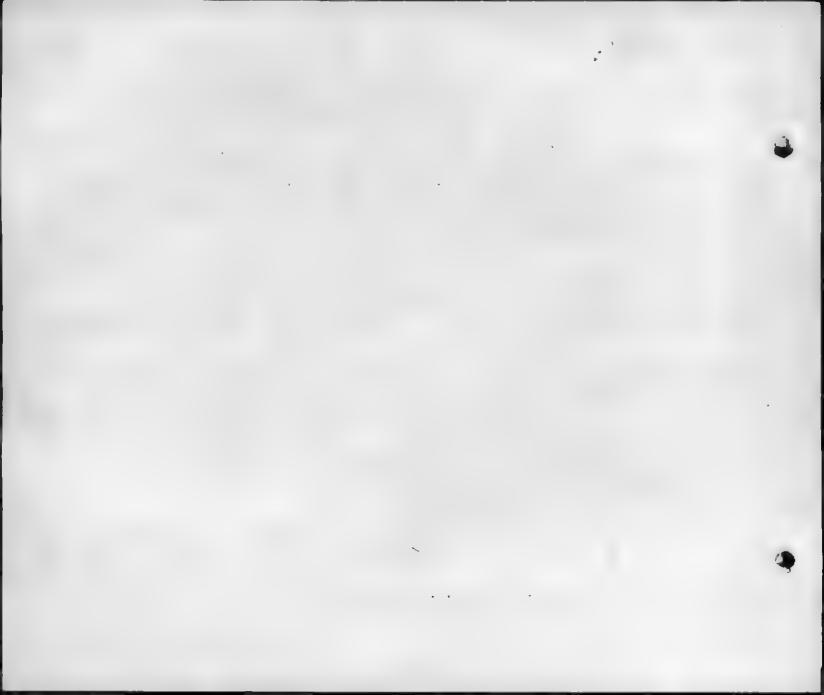
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02690 03700

MEDICAL EXAMINER'S CERTIFICATE OF DEAT
--

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased I vad, If institution Residence before edm ssion)				
Charles MARYLAND			a. STATE b. COUNTY Maryland				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)			c. CITY OR TOWN (f outside con	porete I mils, write RU	RAL end give neerest town)		
	La Plata		#1 Edgewood	d Road			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	Physicians Memorial Hospital		Bryans Rd		YES NO		
3.	NAME OF First Midd.a DECEASED (Type or print)		Last 4. DATE OF	Month	Day Year		
	John N.		Ritch, Sr. DEATH	3	10 19 66		
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. 1	DATE OF B.RTH	9. AGE (In years IF the last birthday) 1 Mg	UNDER 1 YEAR IF UNDER 24 HRS.		
	male white WIDOWED DIVORCED	Hai	ch 9,1912	54 yrs.	onins Deys Hours Min.		
10a de	I. USUAL OCCUPATION (Give kind of work no during most of working life, even if retired)	JSTRY	11. BIRTHPLACE (State or fore gn co	ountry)	12. CITIZEN OF WHAT COUNTRY?		
	Driver Trucking Co.		Penna		USA		
13.	FATHER'S NAME	1.	. MOTHER'S MA DEN NAME				
	Unknown		Unknown				
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 16. NO. 1	7. INI	FORMANT	Address			
, , ,	Yes WW 11 578-0340765	El	va M. Ritch	Same	25 4'2		
	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			Danie	INTERVAL BETWEEN		
	PART I, DEATH WAS CAUSED BY, ONSET AND DEATH						
	IMMEDIATE CAUSE (a) Hemopericardium_						
	DUE TO						
	Conditions, if any, which (b) Dissecting aneurysm of arch of aorta						
	(a), stating the underlying DUE TO						
_	causa last. (c)						
ê	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOI	TELATED TO THE TERMINAL DISEASE	COND TION GIVEN I	N PART 1 a) 19. WAS AUTOPSY PERFORMED?		
2					YES 😿 NO 🖸		
CERTIFICAMON	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURE PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	D. (Ente	r nature of injury in Part I or Part II o	of Itam 18.)			
¥	20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 206.	PLACE	OF INJURY (Homa, farm, 20f, (Cil	ty or town)	(County) (Stata)		
MEDICAL	Hour am. Whis Not Whis pm. 19 at work et work		, street, office bldg., etc.)	,	(3.00)		
	21. I certify that I took charge of the remains described above	held	an Autopsy 🗙 , Inspection	, Inquiry [, and in my opinion		
	death resulted from: Natural causes 🔀 Accident 🗍,	uicide	Homicide , Ur	ndetermined mann	ner [
	11.		CHIEF MEDICAL EXAM NER				
	SIGNATURE Would h 7 55 5.		M.D. ASSISTANT MEDICAL EXAMIN	VER IX	DATE SIGNED		
	THE WASHINGTON OF		DEPUTY MEDICAL EXAMINER		3/11/66		
	NAME (Type) Werner U. Spitz, M.D.		Addrass (Streat, city, town, or	conutA ₂			
22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER'	OR C	REMATORY 22d. LOCA	TION (City, town, or	country) (State)		
	Burial 3/15/66 Arlington	Vat	ional Fort	Myer	Virginia		
23	FUNERAL DIRECTOR ADDRESS		246 REC'D BY REGIST	RAR 246. REGISTR	AR'S SIGNATURE		
J	. Wm. Lees Sons 300 4th St. NI	G	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	103 // 40	vle Judge		
				F	-111		



funeral death, .5 papers. filled erely attending physician rmit. Then please b certificate death attending physician. signed been certificate PHYSICIAN: The the hospital or a DIRECTOR: age 3 should iled with the filed шау 23 O HOSPITAL TO FUNERAL director, p should be 1

deat by the Pages I a within 72 5 and removai, 10 cremation, the burial-tr as th for use Health

CERTIFICATION

OR CONTRIBUTING CAUSE OF OFATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DE BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Charles Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and giva nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) La Plata Doncaster (Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Physicans Memorial Hospital 3. NAME OF Middle Last DATE DECEASED 0F (Type or print) MAE DEATH SAUNDERS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days Female White WI
10a. USUAL OCCUPATION (Give kind of work done)
during most of working lifa, even if retired) July 12,1892 WIDOWED DIVORCED [11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR INDUSTRY Wife Virginia
MOTHER'S MAIOEN NAME House At Home 13. FATHER'S NAME Richard Duvall Laura Bailev 16. SOCIAL SECURITY NO. 17. INFORMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (Ifyes give war or dates of service) La Plata.Md No -Daughter None Maddox 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c INTERVAL BETWEEN CONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on

and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE

PHYSICIAN'S		22d.	ADDRES	S		
ENAME AYECCELEN,	M.D.		La	Plata	Mary	/lan

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Remington Cemetery

23d. LOCATION (City, town or county) Remington, Virginia

20f. (City or town)

INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

e. IS RESIDENCE

YES XX NO

Hours

12. CITIZEN OF WHAT COUNTRY?

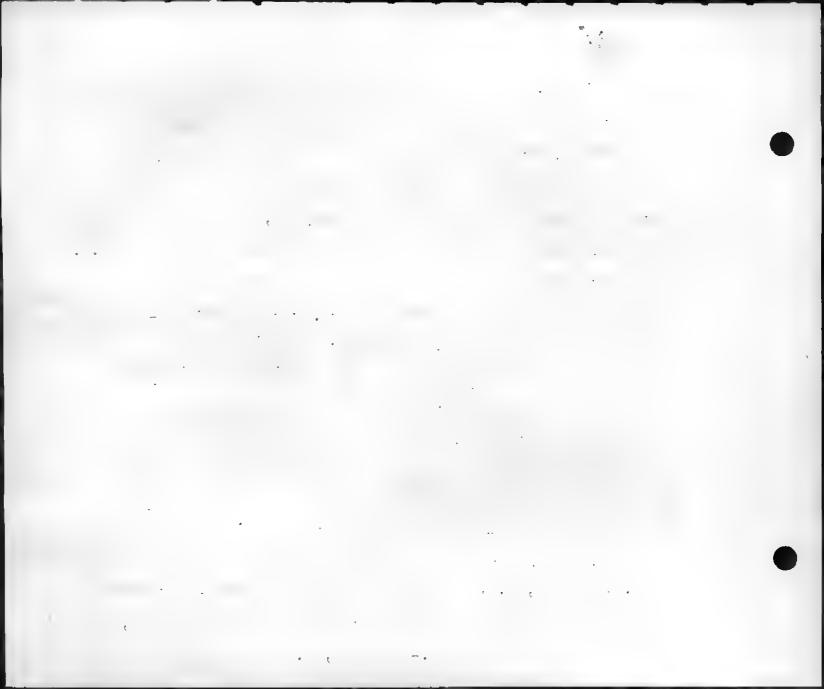
(County)

(State)

U.S.A.

ON A FARM?

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Arehart Funeral Home, Inc .- La Plata, Md J DANE A



FOR STATE HEALTH DEPTO

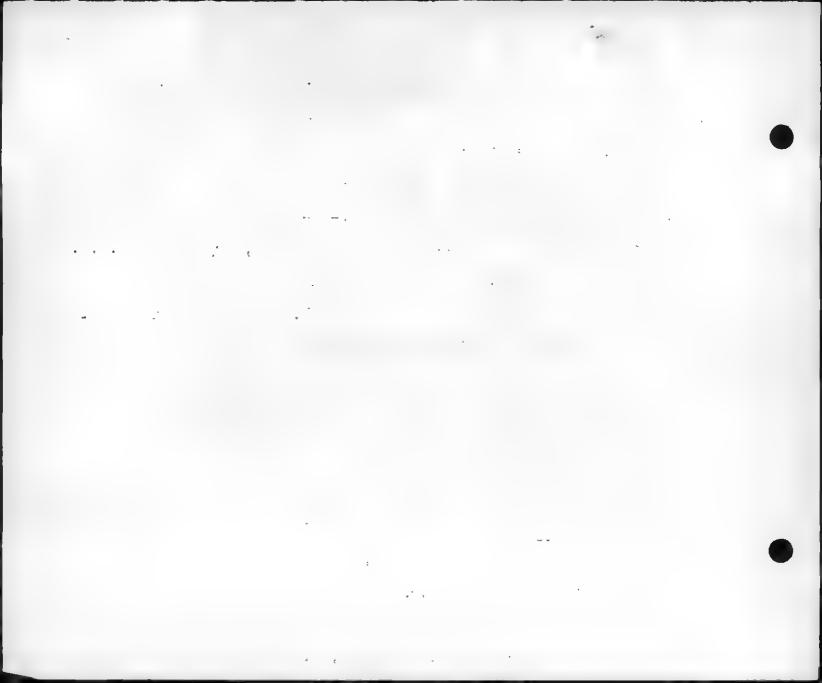
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O DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MET

> VR AISME 1/65

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH Division 202 03

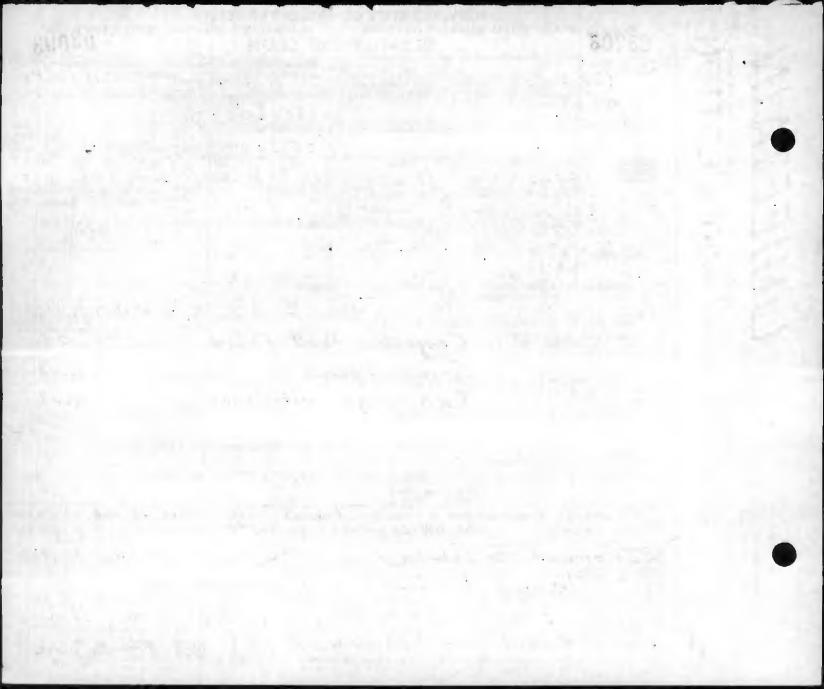
1.	PLACE OF DEATH	•				ICE (Where deceased lived, If institute b. COUNTY	tion: Residence before admission)	
	CHARLES			MARYLAND	Maryland Charles			
b. City or town (if outside corporate limits, write RURAL end give nearest town)					c. CITY OR TOWN (I	f outside corporate limits, write	RURAL end give nearest town)	
<u></u>	LaPlata				LaPlata		10	
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (If not in t	nospital, give street eddress	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
		ans Memoria		oital			YES NO [
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE Month	Day Yeer	
	(Type or print)	DA	NA	MARIE	THOMPSON	DEATH 3	20 19 66	
5,	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED T	8. DATE OF BIRTH	9. AGE (In years IFL	INDER 1 YEAR IF UNDER 24 HRS.	
,	Zamala.	Caloned	WIDOWED	DIVORCED	1-27-66	last birthday) Mo	ntha Days Hours Min.	
	Cemale LUSUAL OCCUPAT	Colored ION (Give kind of works				State or foreign country)	12. CITIZEN OF WHAT	
du	ring most of work	ing life, even if retire	(1)	NDUSTRY			COUNTRY?	
I	nfant			ment and their	I La Plas	da Maryland Den Name	U.S.A.	
13	. FATHER'S NAM	E			14. MOTHER'S MAI	DEN NAME		
	lames Ed	lward Thor	nnson		Mildred	Veronica Makl	A	
15	. WAS DECEASED!	EVER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
CA	es, no, or unitamn)	(If yes give war or dates o	(service)	NIC NITO	TO M1.	To D3-	La BEJ	
-	NU	DOMESTIC COLUMNIA			ames E. The	ompson, La Pla	L INTERVAL BETWEEN	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: A cuto interstitis I programmenitis						ONSET AND DEATH	
	FART I. UL	IMMEDIATE CAUSE	(8)	Acute interst	itial pneumo	nitis		
1	492X DUE TO							
	Conditions, if eny, which \ fb1							
	gave rise to immediate (
	undables some last							
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 119. WAS AUTOPSY							
12	PERFORMED?							
2	<u> </u>						YES X NO	
MEDICAL CERTIFICATION	20a. EXTERNAL	CAUSE WAS	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nuture o	of Injury in Part I or Pert II of It	em 18.)	
13	CAUSE OF DEAT	CONTRIBUTING [
13	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)							
ĕ	Hour a.m. While Not While factory, street, office bldg., etc.)							
Z	p.m. 19 st work st end on the remains described shows held an authors W Inspection structure of the remains described shows held an authors W Inspection structure of the remains described shows held an authors W Inspection structure of the remains of the remain							
	21. I certify that I took charge of the remains described above, held an Autopsy K , Inspection [], inquiry [], and in my opinion							
	death resulted from: Natural causes XX, Accident, Suicide, Homicide, Undetermined manner							
CHIEF MEDICAL EXAMINER								
	ACTUAL SIGNATURE	Hussl	VV .	5 ousher	M.D. ASSISTANT MI	EDICAL EXAMINER	22. DATE SIGNED	
					DEPUTY MEDI	CAL EXAMINER	3-21-66	
	EXAMINER'S NAME (Type)	RUSSELL S	S. FISH	ER. M.D.	Address (Stre	et, city, town, or county)		
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun						or county) (State)		
	Burial	3-24-	-66	Sacred Hea	rt Cemeter	ry La Flata	Marvland	
24	. FUNERAL DIRE	CTOR		ADDRESS	25a. R	EC'D BY REGISTRAR 25b. REGI	STRAR'S"SIGNATURE	
			7.7	T	ta Md MAR	2 8 1966 golia	ween Judge	
1	Arehart	Funeral	HOME	Inc. La Fla	CST TATO I DIMENT	120 1000	1 0 =	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Regidence before admission)			
L narles maryland	a. STATE Mary (and b. COUNTY Charles			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR JOWN (II outside corporate limits, write RURAL and give nearest town)			
Waldorff	Waldorff, of 1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?			
	Mattawoman, Deantown, By YES NO A			
3. NAME OF PIRST MIddle	Last / 4. DATE Month Day Year			
(Type or print) Jenevieve /1/374	We CCH DEATH// loveh 28, 1966			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.			
T. Caucasian WIDOWED DIVORCED DO	1464 7 1888 177 yrs.			
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 10b.	LI-BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY2			
Housewite Lomestic	Daltimore, Md. G.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
John Tillar	unknown			
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes give war or dates of service)	INFDRMANT Address			
No Do	ing E. Welch Waldont Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONDESTIVE	Heart Failure 12 hts.			
1992 DUE TO				
Conditions, If any, which (b) Severe ANEMIA				
gave rise to immediate cause (a), stating the DUE TO				
underlying cause last. (c) (AYEINOMA	- Altoorywal Woeks			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
ICA1	YES NO P			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)			
p.m. 19 at work at work				
21. I certify that (I) (this hospital) attended the deceased from	Feb 19, 1966, to MAY 28, 1966, that (1) (we) last			
	t death occurred at M. from the causes and on the date stated above.			
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED			
inomas subotton M.D	PHYS. DIRECTOR PHYS. 1/147 08, 1700			
NAME (Type) Thomas I Fieldson	BYANDY WINE Md.			
Teremos A , , ,				
23a BURIAL, CREMATION, 23b. DATE THEREDF 23c NAME OF CEMETERS				
24. FUNERAL DIRECTOR	// M25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE			
Tuntt Thenesal Home, Walda	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	of ma DATE PR I 1958 Charles Judge			

VR A15 (4) D



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03704	CERTIFICA	ATE OF DEATH	03694			
	1. PLACE OF DEATH O. COUNTY CHARLES b. CITY OR TOWN (If ounide corporate	MARYLAND limits, c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceased lived, if institution as STATE ARY CAND) C. EITY OR TOWN (If routside corporate limits, write RUR	CHARLES			
0	RURAL and give hearest town		(Ruval) ISSUE	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) 5. SEX. 6. COLOR OR RAC		Lost 4. DATE Month OF DEATH 1 8. DATE OF BIRTH 9. AGE (In years	1 1 1			
	Male W	WIDOWED DIVORCED	February 18, 882 1842	Manths Days Hours Min.			
	10o. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer-Retir	done 10b. KIND OF BUSINESS OR INDUSTRY Farming	St. Mary's Co., Md.	12. CITIZEN OF WHAT COUNTRY? A.			
	John Edward		14. Mother's Maiden name Mary L. Swann				
-	15. WAS DECEASED EVER IN U.S. ARMED FOI (Yes, no or unknown) (If yes give war or o	RCES? dotes of service) 16. SOCIAL SECURITY NO. None	77. INFORMANT Addre Mr. Thomas Welch-Son-Is				
	DIOY I DESTU MOSE COMETE DV	AUSE (a) Out TO (b) DUE TO (c) (c)	ateroschen.	INTERVAL BETWEEN ONSET AND DEATH			
	PART II. OTHER SIGNIFICANT CONDITION TUMOV 10 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EXTREME PROPERTY OF		TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
	20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. 19 20d. INJURY OCCURRED While of work of wor						
1	saw the deceased alive of 22a. SIGNATURE OF THE SICIAN'S NAME (Type) ATTIHO	12 0. WOODDY	that death accurred at A M, from causes of M.D. ATTENDING DI DIRECTOR DIPHYS. C22d. ADDRESS PLATA. MARYO	and on the date stated above 22b. DATE SIGNED 2 March 1966			
	Burria (Specify) 3/5/	te thereof 23c. NAME OF CEMETERY Holy Gho	st Cemetery Issue,	Maryland			
	Archart Funeral	ADDRESS Home TncLa Pla		GISTRAR'S SIGNATURE			

executed within 24 hours ofter death. roge 4 may be retained by the hospital of amending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificat Poge 4 may be retained by the hospital or attending physicion.

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